

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589498

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.		
1	1		1			
2		1	1			
3	2		1			
4	0		1			
5	0		1			
6	0		1			
7	0		1			
8	0		1			
9	0		1			
10	0		1			
11	0		1			
12	1		1			
13	1		1			
14	2		1			
15	2		1			
16	0		1			
17	0		1			
18	1		1			
19	0		1			
20	1		1			
21	1		1			
22	2		1			
23	2		1			
24	0		1			
25	1		1			
26	1		1			
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TOTAL IND.		↓	5	↓	↓	
TOTAL DEP.	←	25	←	←	←	
TOTAL CLAIMS			30			

AS FILED	AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
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100						
TOTAL IND.		↓		↓		
TOTAL DEP.	←			←	←	
TOTAL CLAIMS						